## P12000063491

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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08/18/14--01052--017 \*\*35.00

Aug 18 on 3:07

Dissolution

AUG 22 2014' T. CARTER

## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations	
SUBJECT: WESTON AUTO	COLLISION INC
SUBJEC1;	
DOCUMENT NUMBER: P12000	063491
The enclosed Articles of Dissolution and fe	
Please return all correspondence concerning	this matter to the following:
NELIA J ZAMORA	
(Name of C	Contact Person)
GARSOZA SERVICES	INC
(Firm	(Company)
9380 NW 42 CT	
(Ac	ldress)
SUNRISE, FL 33351	
(City/Stat	e and Zip Code)
For further information concerning this mat	ter, please call:
NELIA J ZAMORA	at (954 ) 748-9880
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## SEGNETARY OF STATE TALL MEDICAL STATE ORIDA

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: WESTON AUTO COLLISION INC		
SECOND:			
THIRD:	The date dissolution was authorized: 06/30/2014		
	Effective date of dissolution if applicable: 06/30/2014  (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	☐ Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
	Signature:  (By a director, president of other officer - it directors or officers have not been selected, by an incorporator - if in the handrof a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	ISAAC CASTRO		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35